



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**

**MOTOR CLUB REPRESENTATIVE APPOINTMENT
SUMMARY**

Mailing Address
P.O. Box 5246
Columbia, SC 29250-5246

www.state.sc.us/consumer
803-734-4253/800-922-1594

Street Address
3600 Forest Drive
Columbia, SC 29204-4006

Date: _____

Company Name _____
Street Address _____
Mailing Address _____
City/State/Zip _____

SSN	Name of Representative
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
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15.	
16.	
17.	
18.	
19.	
20.	

Total number of representatives _____ (@\$20.00 per representative) = total fee due and enclosed. \$_____

Failure to remit total fees due will result in return of applications

Please attach all appointments to this Summary

For Department Use Only

